

Seattle Department of Transportation | Street Use Division 700 Fifth Avenue, Suite 2300 | PO Box 34996 Seattle, Washington 98124-4996 (206) 684-5253 | SDOTPermits@Seattle.gov

Permit Number

(Official Use)

STREET USE NON-CONSTRUCTION PERMIT APPLICATION (SMC 15.04)

PROJECT SUMMARY					
PROJECT ADDRESS:					
STREET NAME:		FROM:	TO:		
CLASSIFICATION: ARTERIAL	☐ NON-ARTERIAL	☐ UNDERWATE	R STREET		
JOB/WORK ORDER NO:	PERMIT NO. IF STARTE	ED ONLINE (NA if none	, do not leave blank):		
PERMITTEE (check one): Owner NOTE: The Permittee is responsible for deposits, billings	☐ Authorized Ager and payments and all other Term.		erms on the back of this form).		
CONTACT INFORMATION Owner (Individual or Company)		Authorized Agent (f other than Owner)		
Address		Address			
City, State Zip Code		City, State Zip Code			
Phone		Phone			
Fax		Fax			
Email		Email			
SDOT Customer ID		SDOT Customer ID			
Contact Name (if different than above)		Contact Name (if diffe	erent than above)		
24 Hour/Job Site Phone					
WORK DESCRIPTION					
Start Date					
TEMPORARY / SHORT TERM USE	DURATION ANNU	AL USE		SQ FT	
☐ First Amendment Vending (14C)		aterial Storage, Ongoing (12, 12A)			
☐ Pole Banner, Events (52A)		erchandise on Sidewalks (18A)			
☐ Stadium Vending (14D, 14E)	Sh	oreline Street Ends (11)			
☐ State Waterways, Non-Profit (WW 150)	Sic	dewalk Cafes (18)			
☐ State Waterways, Moorage (WW 250)	Sta	ate Waterways, Moorage (WW 200)			
☐ Street Barricading, Special Activities (3A)	Sta	ate Waterways, Structures, Overhangs (WW 100)			
☐ Street Decorations (52D)	Str	ructures and Overhangs (7)			
	☐ Str	uctures and Overhangs	, over Underwater street (7A, 7B)		
ANNUAL USE					
☐ Carts (14A)	☐ Pole Banner, Identification (52B)		☐ Swing staging (48)		
☐ Clocks/Signs/Flags/Graphics (2, 2A, 2B,5, 6)	☐ Stanchions (27A)		☐ Tables and Chairs (14B)		
☐ Fence, Rockery, Wall (29A)	☐ Street Barricading (3)		☐ Ventilation ducts (8)		
☐ Non-Public utilities (21A)	☐ Other ☐ Street Decorations, Planters, Benches (52)			-	

DETAILED DESCRIPTION (Please provide a detailed description of the work proposed in the space below)							
IMPACTED INFRASTRUCTURE	(Check all that apply)						
	Asphalt Street	☐ Concrete Street	☐ Curb and	1 Cuttor			
•	☐ Paved Shoulder	_	_				
☐ Curb Ramp	_	☐ Planting Strip	Sidewalk				
☐ Traffic Circle	☐ Trees	☐ Unimproved ROW	☐ Unpaved	l Shoulder			
☐ Utility Structures	☐ No Impact	Other ROW					
MODILITY IMPACT	If the sure is a suspecifient in	Other ROW					
MOBILITY IMPACT (Check all that ap	-	·		-			
☐ Alley Closed —	Alley Partially Blocked	☐ Bike Lane Closed		ne Partially Blocked			
☐ Multi-Travel Lanes Closed	☐ Parking Lane Closed	☐ Sidewalk Closed	☐ Sidewalk	k Partially Blocked			
☐ Street Closed	☐ Travel Lane Closed	☐ No Impact					
<u>TERMS</u>							
Permittee shall accept the terms, cond of Transportation, Street Use Division and all applicable requirements of stat made, otherwise the application shall Applicant or Authorized Agent Stat I declare under penalty of perjury undowner; that the information provided h Deposits, Charges, and Future Billi The Permittee is responsible for all pebe refunded to the permittee. Any charges	. Permittee further agrees to comp te and federal law. Work shall beg be void. ement er the laws of the State of Washing terein is correct and complete; and ngs ermit charges. If a deposit was mad	ly with all applicable city ording in within six months from the stone that: I am the Applicant A that I have the authority to bit of or estimated future Street	nances, including the date of approval unlike the Owner OF and the owner to the own	but not limited to Title 15 SMC, unless other arrangements are R the authorized agent of the his application.			
APPLICANT SIGNATURE:	DATE:						
		Official Use)					
REQUIRED AT APPLICATION	REQUIRED PRIOR TO IS	•					
☐ Banner or Sign Detail	☐ Construction Permit	☐ Historic Distr	ict Approval	☐ PAAC Approval			
☐ Pole Location Map	☐ BIA Approval	☐ Holiday Mora		☐ Proof of Insurance			
☐ Site Plan	Bond	☐ Indemnity Ag		SEPA Review			
☐ Traffic Control Plan ☐ Deposit: \$	☐ Design Commission Ap	proval	otion	Other Dept Approval			
COMMENTS:							
APPLICATION ACCEPTED BY:			DATE:				

DATE:

APPLICATION APPROVED BY: